

GEORGIA DEATH CERTIFICATE

State File Number 2023GA000030724

1. DECEASED'S LEGAL FULL NAME (First, Middle, Last) LEBRON SPATES DALLAS		1a. IF FEMALE, ENTER LAST NAME AT BIRTH		2. SEX MALE	2a. DATE OF DEATH (Mo., Day, Year) ACTUAL DATE OF DEATH 05/06/2023
3. SOCIAL SECURITY NUMBER -8084	4a. AGE (Years) 50	4b. UNDER 1 YEAR Mo. Days Hours Min.	4c. UNDER 1 DAY	5. DATE OF BIRTH (Mo., Day, Year) 5/1972	
6. BIRTHPLACE TENNESSEE	7a. RESIDENCE - STATE GEORGIA	7b. COUNTY WALKER	7c. CITY, TOWN LAFAYETTE		
7d. STREET AND NUMBER 19 STEELE STREET		7e. ZIP CODE 30728	7f. INSIDE CITY LIMITS? YES	8. ARMED FORCES? NO	
8a. USUAL OCCUPATION DISABLED		8b. KIND OF INDUSTRY OR BUSINESS DISABLED			
9. MARITAL STATUS DIVORCED	10. SPOUSE NAME CAROLYN SPATES	11. FATHER'S FULL NAME (First, Middle, Last) JAMES DALLAS			
12. MOTHER'S MAIDEN NAME (First, Middle, Last) CAROLYN SPATES	13a. INFORMANT'S NAME (First, Middle, Last) CAROLYN SPATES	13b. RELATIONSHIP TO DECEASED MOTHER			
13c. MAILING ADDRESS 1796 DONWOODY ROAD LAFAYETTE GEORGIA 30728				14. DECEASED'S EDUCATION SOME COLLEGE CREDIT LEADING TO A BACHELOR'S DEGREE	
15. ORIGIN OF DECEASED (Spanish/Hispanic Latino) NO, NOT SPANISH/HISPANIC/LATINO	16. DECEASED'S RACE (White, Black, American Indian, etc.) (Specify) BLACK OR AFRICAN-AMERICAN				
17a. IF DEATH OCCURRED IN HOSPITAL PRUITT HEALTHCARE OF FT. OGLETHORPE	17d. IF DEATH OCCURRED OTHER THAN HOSPITAL (Specify) NURSING HOME-LONG TERM CARE FACILITY				
21. METHOD OF DISPOSITION (Specify) BURIAL	22. PLACE OF DISPOSITION LAFAYETTE CEMETERY 103 SHAW STREET N LAFAYETTE GEORGIA 30728			23. DISPOSITION DATE (Mo., Day, Year) 05/13/2023	
24a. EMBALMER'S NAME WILLIAM JAMES WILLIS, JR.	24b. EMBALMER LICENSE NO. 2383	25. FUNERAL HOME NAME WILLIS FUNERAL HOME			
26a. FUNERAL HOME ADDRESS 2011 MARTIN LUTHER KING JR. BLVD DALTON GEORGIA 30721					
26b. SIGNATURE OF FUNERAL DIRECTOR WILLIAM J WILLIS		26b. FUN. DIR. LICENSE NO 2737	26c. AMENDMENTS		
27. DATE PRONOUNCED DEAD (Mo., Day, Year) 05/06/2023	28. HOUR PRONOUNCED DEAD 05:15 PM				
29a. PRONOUNCER'S NAME Tracy ANZELEE RICE Cochran	29b. LICENSE NUMBER RN113257			29c. DATE SIGNED 05/06/2023	
30. TIME OF DEATH 05:15 PM	31. WAS CASE REFERRED TO MEDICAL EXAMINER NO				
32. Part I. Enter the chain of events: disease, injuries, or complications that directly caused the death. DO NOT note terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without preceding the listing. DO NOT ABREVIATE.					
Approximate interval between onset and death					
IMMEDIATE CAUSE (Final disease or condition resulting in death)		A. ACUTE KIDNEY FAILURE Due to, or as a consequence of HEPATIC ENCEPHALOPATHY		MONTHS	
		B. HEPATIC ENCEPHALOPATHY Due to, or as a consequence of		MONTHS	
		C. ALCOHOLIC CIRRHOSIS OF LIVER Due to, or as a consequence of		MONTHS	
D.					
Part II. Enter significant conditions contributing to death but not related to cause given in Part I.A. If female, indicate if pregnant or birth occurred within 90 days of death.		33. WAS AUTOPSY PERFORMED? NO		34. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?	
ANEMIA, HISTORY OF COVID					
35. TOBACCO USE CONTRIBUTED TO DEATH UNKNOWN		36. IF FEMALE (range 10-54) PREGNANT NOT APPLICABLE		37. ACCIDENT, SUICIDE, HOMICIDE, UNDETERMINED (Specify) NATURAL	
38. DATE OF INJURY (Mo., Day, Year) 05/10/2023	39. TIME OF INJURY 05:15 PM	40. PLACE OF INJURY (Home, Farm, Street, Factory, Office, Etc.) (Specify)	41. INJURY AT WORK? (Yes or No)		
42. LOCATION OF INJURY (Street, Apartment Number, City or Town, State, Zip, County)					
43. DESCRIBE HOW INJURY OCCURRED			44. IF TRANSPORTATION INJURY		
45. To the best of my knowledge death occurred at the time, date and place and due to the cause(s) stated. Medical Certifier (Name, Title, License No.) BYRON A LITTLEFIELD, DO, 28810			46. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated. Medical Examiner/Coroner (Name, Title, License No.)		
45a. DATE SIGNED (Mo., Day, Year) 05/10/2023	45b. HOUR OF DEATH 05:15 PM	46a. DATE SIGNED (Mo., Day, Year) 05/10/2023	46b. HOUR OF DEATH		
47. NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH BYRON A LITTLEFIELD 21 COMMERCE PARKWAY ADAIRSVILLE GEORGIA 30103					
48. REGISTRAR (Signature) /S/ CHRISTOPHER JP HARRISON			49. DATE FILED - REGISTRAR (Mo., Day, Year) 05/10/2023		